**Please complete this form if you are receiving animals from the Biological Resource Centre. Please email the completed form to** **IACUC office****.**

**Transfer of animals – Acknowledgement**

1. I acknowledge full responsibility for the humane and ethical care and use of the animals (as described in the table below) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Receiving Institution) when they are transferred to me.
2. I assure that, at the minimum, the care and use of these animals will meet National Advisory Committee for Laboratory Animal Research (NACLAR Latest Edition), the Guide for the Care and Use of Laboratory Animals (8th Edition) and AVS(NParks) regulatory requirements (Animals and Birds Care and Use of Animals for Scientific Purposes) Rules 2004.
3. With this transfer of animal, the IACUC for ARES is discharged from responsibilities for the humane care and use of these animals.

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| **S/No** | **Strain** | **Gender** | **Age** | **Quantity** | **IACUC Protocol #** |
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| Name of PI at Receiving Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Name of Veterinarian/ Manager of Receiving Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Veterinarian/ Manager of Receiving Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Stamp of Receiving Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |